

| Grant P                                 | rogram for which hours are being | tracked for (Check One): Recreational Tra | ils Program (                | (RTP)                         | Montana Trails Stewardship Program (TSP) |
|---|----------------------------------|---|------------------------------|-------------------------------|--|
| Date of Wo                              | ork Volunteer Full Name          | Short Description of Work Performed       | Number<br>of Hours<br>Worked | Value<br>(Hours x<br>\$25/hr) | Volunteer Signature <b>and Date</b>      |
|   |                                  |   |                              |                               |  |
|   |                                  |   |                              |                               |  |
|   |                                  |   |                              |                               |  |
|   |                                  |   |                              |                               |  |
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|   |                                  |   |                              |                               |  |
|   |                                  |   |                              |                               |  |
|   |                                  |   |                              |                               |  |
|   |                                  | Total from this Form:                     |                              |                               |  |
| Name of (                               | Organization Holding FWP Award:  | Award Year:                               |                              |                               |  |
| Award Contact Name: Signature and Date: |                                  |   |                              |                               |  |

The volunteer must provide his/her full name, signature, and date to certify the information is correct. Typed signatures are not acceptable.



| Grant Progran                                      | n for which hour  | s are being tracked fo | or <mark>(Check <u>One</u>):</mark> | Recreational Trails Program (RTP)    | ☐ Montana Trails Stewardship Program (TS |  |
|--|-------------------|------------------------|-------------------------------------|--------------------------------------|--|--|
| Volunteer Name                                     | :                 |                        |                                     | Volunteer Signature and Date:        |  |  |
| Date of Work                                       | Hours Worked      | Work Performed (e.g.   | Restoration and m                   | aintenance on Trail 388)             |  |  |
|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
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|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
|  |                   |                        |                                     |                                      |  |  |
| Total Hours Worked from this Log: Total Amount Cla |                   |                        | Total Amount                        | Claimed as Match (Total Hours Worked | x \$25/Hour):                            |  |
| Name of Organiz                                    | ation Holding FWI | P Award:               |                                     |                                      | Award Year:                              |  |
| Contact Name: Signature and Date:                  |                   |                        |                                     |                                      |  |  |

The volunteer must provide his/her full name, signature, and date to certify the information is correct. Typed signatures are not acceptable.

A designee (contact) from the organization holding the RTP award must provide his/her signature/date as concurrence. Typed signatures are not acceptable.

All fields must be completed for the hours to be eligible as RTP match.